



Filing ID #10023429

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Mr. John Joseph McCann Jr.  
**Status:** Congressional Candidate  
**State/District:** NJ05

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2018  
**Filing Date:** 05/17/2018

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Bank Of America [BA]		\$15,001 - \$50,000	Interest	\$201 - \$1,000	\$1 - \$200
Checking [BA]		\$15,001 - \$50,000	Interest	\$1 - \$200	\$1 - \$200
John McCan, LLC [OL]		\$1,001 - \$15,000	None		
LOCATION: Oakland, NJ, US DESCRIPTION: Fees					
NJDCRP [DB]		\$1,001 - \$15,000	Tax-Deferred		
Purchase/Profit Sharing Plan [OT]		\$100,001 - \$250,000	Tax-Deferred		
DESCRIPTION: SEP plan					
PVA/TDA Plan [DB]		\$100,001 - \$250,000	Tax-Deferred		
Retirement [OT]		\$100,001 - \$250,000	Tax-Deferred		
DESCRIPTION: SEP					

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Retirement Plan [OT]		\$100,001 - \$250,000	Tax-Deferred		
DESCRIPTION: Officers of Columbia University					
SPMD [OT]		\$250,001 - \$500,000	fees	\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
DESCRIPTION: New York City Practice					

\* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
montefiore Medical Center	wages	\$142,307.70	\$300,894.14

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
SP	Bank Of America	2016	Revolving business line	\$50,001 - \$100,000
SP	Chase	2016	Credit card	\$10,000 - \$15,000
JT	TD BANK	2015	Loan	\$100,001 - \$250,000
JT	Quicken Loan	2015	Mortgage on second home	\$250,001 - \$500,000

## SCHEDULE E: POSITIONS

None disclosed.

## SCHEDULE F: AGREEMENTS

None disclosed.

## SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

## **CERTIFICATION AND SIGNATURE**

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Mr. John Joseph McCann Jr., 05/17/2018